

Visit Note

Patient: [REDACTED] **DOB:** [REDACTED] **Time:** 3:37 PM
Location: Chase Clinic **Date:** 03/23/2012
Provider: Sanders, Lisa **PCP:**
 Sanders, Lisa
 [REDACTED]

SUBJECTIVE

Patient Allergies ([REDACTED]) :

The patient denies any medication allergies. The patient denies any allergies to foods. **Patient had an adverse reaction to cipro**

Current Medications (Sanders, Lisa M.D.) :

STOPPED: Zithromax Z-Pak 250mg Tab 2 TABLETS TODAY, THEN 1 TABLET DAILY THEREAFTER, End of Regimen
STOPPED: Afrin Nasal Spray 0.05% Solution 2 sprays each nostril bid for three days, End of Regimen
STOPPED: Flonase 50mcg/act Suspension 1 spray in each nostril bid x 2 weeks, Ineffective
STOPPED: Ibuprofen 800mg Tab 1 TABLET 3 TIMES DAILY, End of Regimen
STOPPED: Robitussin A-C 10-100mg/5ml Syrup Take 1-2 teaspoons every 6 hours as needed for cough, Ineffective
STOPPED: Ventolin 90mcg/act Aero Soln 2 puffs every 2-4 hours as needed for coughing, Ineffective
Oyster-Cal 500 Strength/Form Unknown
Selsun 2.5% Shampoo 2.5% lotion Apply to scalp daily
Vitamin D Strength/Form Unknown
Westcort 0.2% Ointment As Directed
apply to bottom of foot twice a day when it itches.

Medical Past History Review (Sanders, Lisa M.D.) :

Patient has a medical history of shingles with post herpetic neuralgia
fibroid uterus

varicose vein
Bunionectomy complicated by bone loss and repair with graft
Pneumonia
cataracts - very small, not requiring surgery at this point
chronic cough.

Health Care Maintenance (Sanders, Lisa M.D.) :

Colonoscopy: -
Colonoscopy Date: 5-1-11
Colonoscopy Result: stool cards: neg x 3

Mammogram: -
Mammogram date: 4-29-11
Mammogram result: NORMAL

Cholesterol Screening: -
Cholesterol test date: 4-8-11
Cholesterol results- Total: 171
Triglycerides: 68
HDL: 68
LDL: 89

Fasting glucose: -
Fasting glucose date: 4-8-11
Fasting glucose result: 92

Influenza: -
Influenza vaccine date: 10/25/10

Tetanus(DTaP): -
Tetanus vaccine date: 10/25/10

4-9-10
LFTs nl
BUN/Cr nl
TSH 1.85

UA: + LE, nitrate, bacteria but rare epithelial cell - based on readings asymptomatic bacteriuria should not be treated in this population. Will retest to identify bacteria but will not treat.

Pneumovax given: lot # 0060z, exp date 2-3-2011

Pneumovax: -

Pneumovax vaccine date: 4-23-10

Social History (Sanders, Lisa M.D.) :

There is no change in past social history.

Review of Systems (Sanders, Lisa M.D.) :

The patient denies any fever, unexplained weight loss, cardiovascular symptoms, pulmonary symptoms, gastrointestinal symptoms, urinary symptoms, or neurological symptoms.

Follow-Up Visit (Sanders, Lisa M.D.) :

██████ presents for follow-up for cough: patient first saw me in January because of a cough. that cough has persisted until now. concerned because she had pneumonia last year. cough is worst at night but also when she takes in a deep breath. Can go for hours without coughing and then get cough and voice gets husky. No sinus issues; no gerd; worked as a missionary in Mexico 30-40 years ago; no weight loss; no night sweats; feels well overall except for this persisten cough. Prescribed her an inhaler in January and htat didn't help.

Has to sleep with 2 pillows at night; denies chest pain; recently completed a 10 mile hike up a mountain;

Also got second opinion after opticare recommended cataract surgery. ██████ group; didn't think she needed surgery; saw very minor cataracts.

Third, patient brought in multiple readings of her bp at home. All well within the normal range. Suspect white coat hypertension.

OBJECTIVE

Vital Signs (██████) :

Vitals (Adult) -
Weight (lbs): 113
Height (in): 62.75
Body Mass Index: 20.175

Blood Pressure (R)initial: 140/70
Pulse at Rest: 88

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General Appearance (Sanders, Lisa M.D.) :

 appears well.

Skin Examination (Sanders, Lisa M.D.) :

There is no rash, swelling, redness, or other lesions involving the skin.

HEENT Examination (Sanders, Lisa M.D.) :

Normocephalic-atraumatic. Eyes: PERRLA, extra-ocular muscles intact without nystagmus, sclera anicteric, conjunctiva pink, not injected or icteric. Throat: Oropharynx normal without exudates or injection. Nose: Vestibules patent. No septal perforations, no pathology. Ears: Pinnae intact, canals patent. Tympanic membranes are intact without retraction or air fluid level. Dentition appropriate. The tongue is papillated.

Neck Examination (Sanders, Lisa M.D.) :

No mass or lymphadenopathy.

Lung Examination (Sanders, Lisa M.D.) :

The patient is not dyspneic. There is no cough. The lungs are clear to percussion. Breath sounds are heard equally in all lung fields. There are no wheezes, rales, rhonchi, or rubs heard on auscultation.

Heart Examination (Sanders, Lisa M.D.) :

The rhythm is regular. The PMI is in the 5th intercostal space of the MCL. Apical impulse is normal. S1 is regular. S2 is physiologic. There is no S3, S4 gallop, murmur, click, or rub.

ASSESSMENT**Assessments (Sanders, Lisa M.D.) :**

Allergic Rhinitis Due To Pollen , 477.0
Cataract Senile, Other , 366.19

General Assessment (Sanders, Lisa M.D.) :

1. cough; suspect that this is a cough due to post nasal drip probably due to allergies. Pt reported that inhaler didn't help so bronchospasm a little less likely; no sx of GERD; no sign of infection. Patient has travelled in area where TB may have been endemic but that was a long time ago and chest xray didn't show any sign of old TB exposure. And patient doesn't feel sick. Still remains a possibility. No risk factors for neoplasia of throat. Will treat for allergies (patient had a hx of allergies when younger but prayed and God healed her of them). Pt to take antihistamines for 1 week and call me next week to report on whether she feels any better.

If she feels no better will refer to ENT for endoscopy.

Pt to return in 1 month for physical exam.

PLAN**Medication Plan (Sanders, Lisa M.D.) :**

NEW: Allegra 60mg Tab 1 TABLET TWICE DAILY, 14, 2 Refills

E&M Codes (Sanders, Lisa M.D.) :

Established Patient office visit 15 minutes (detailed problem), 99213

Revisit Orders (Sanders, Lisa M.D.) :

TIME UNTIL NEXT VISIT: 4 - 6 weeks.

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| ASSOCIATED PROCEDURES |
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